

In the Matter of the Compensation of
GREG S. GRIFFITH, Claimant
WCB Case Nos. 22-01948, 22-01211
ORDER ON REVIEW
Bridge City Law, Claimant Attorneys
Reinisch Wilson PC, Defense Attorneys

Reviewing Panel: Members Ousey and Curey.

The self-insured employer requests review of Administrative Law Judge (ALJ) Sencer's order that set aside its denial of claimant's new or omitted medical condition claim for left lumbar radiculopathy and left S1 radiculopathy. On review, the issue is compensability.

We adopt and affirm the ALJ's order with the following supplementation.

In December 2004, a lumbar MRI report indicated a small to moderate broad-based disc protrusion, with the central and left at L5-S1 contacting and posteriorly displacing the left S1 nerve root within the lateral recess. (Ex. 1-2). The report also noted mild bilateral foraminal stenoses at L4-L5 and L5-S1, with no direct nerve root contact identified. (*Id.*)

In May 2020, claimant reported an injury that caused "lower back pain" from "stowing." (Ex. 4).

In July 2020, the employer accepted a disabling lumbar strain. (Ex. 34).

In August 2020, Dr. Rosenbaum examined claimant at the employer's request. Dr. Rosenbaum diagnosed preexisting lumbar spondylosis, lumbar strain secondary to the work injury, and probable left lumbar radiculopathy secondary to the work injury. (Ex. 47-5). He opined that the major contributing cause of claimant's radiculitis was the work injury.¹ (Ex. 47-6).

In September 2020, a lumbar MRI report indicated L3-4 bilateral asymmetric right foraminal protrusions contributing to moderate foraminal stenosis, L4-5 mild subarticular and moderate bilateral foraminal stenosis, and L5-S1 mild canal, moderate left subarticular, mild/moderate right and moderate left foraminal stenosis. (Ex. 60-2).

¹ Dr. Rosenbaum diagnosed preexisting lumbar spondylosis, lumbar strain secondary to the work injury, and probable left lumbar radiculopathy secondary to the work injury, but when asked about the major contributing cause of the current condition, Dr. Rosenbaum referred to "radiculitis." (Ex. 47-5-6).

In October 2020, Dr. Modha, who examined claimant and reviewed the imaging studies, noted that it was “most likely” that claimant had L5 or S1 radiculopathy due to a herniated disc. (Ex. 65-3-4). He opined that claimant’s herniated disc may have resolved over time, but that claimant had residual radiculopathy. (*Id.*)

In December 2020, Dr. Kafrouni became claimant’s attending physician. (Ex. 70). In February 2021, he administered left L5 and S1 epidural steroid injections and noted that claimant “had minimal improvement post epidural steroid injection.” (Exs. 83, 91-1).

In March 2021, Dr. Singh examined claimant. (Ex. 95). He stated that claimant’s severe low back pain and bilateral leg pain had slowly improved with a February 2021 epidural steroid injection and that claimant was attending physical therapy two times per week. (Ex. 95-1). Dr. Singh diagnosed radicular leg pain, strain of the lumbar region, and degenerative disc disease. (Ex. 95-2). He opined that the possible “pain generator” of claimant’s left leg radicular symptoms was at L5-S1 with a left L5 nerve root impingement. (*Id.*)

In April 2021, Dr. Kafrouni reexamined claimant and recommended repeat L5 and S1 epidural injections. (Ex. 105). Those injections were administered in June 2021. (Ex. 113).

In July 2021, claimant noted that his low back pain felt about 50 percent improved after the June 2021 injections, but that he continued to have the same level of left leg pain as before the injections. (Ex. 115-1).

In July 2021, Dr. Kafrouni performed nerve conduction velocity (NCV) and electromyography (EMG) testing and diagnosed claimant with chronic left S1 radiculopathy. (Ex. 199-3).

In August 2021, Dr. Modha examined claimant and opined that it was possible that claimant had a herniated disc “initially when this happened” and that the herniated disc had dissolved and “gone away.” (Ex. 126-1-2). He diagnosed claimant with chronic S1 radiculopathy and stated that claimant would “most likely” have to live with his symptoms “the way they are.” (Ex. 126-2).

In September 2021, Dr. Rosenbaum examined claimant at the employer’s request. (Ex. 127). He diagnosed preexisting lumbar spondylosis, a work-related lumbar strain, and probable left lumbar radiculopathy secondary to the work injury. (Ex. 127-6). He noted that claimant’s lumbar strain had “reasonably resolved” and opined that because claimant “does not have a history of radiculopathy predating

the industrial injury * * * the major contributing cause remains the injurious event.” (Ex. 127-7). Dr. Rosenbaum recommended that claimant undergo a computed tomography (CT) myelogram to determine if there was nerve root compression. (Ex. 127-8).

In October 2021, Dr. Singh stated that overall he tended to agree with Dr. Rosenbaum, but that he recommended obtaining a second opinion from another back surgeon before a CT myelogram. (Ex. 132).

In January 2022, Dr. Sales examined claimant and concluded that while claimant had “some symptoms” that corresponded well with S1 radiculopathy, a majority of his symptoms did not correlate because his thigh pain could not come from an L5-S1 disc herniation. (Ex. 140-5). Dr. Sales did not believe that an L5-S1 surgery would address all of claimant’s issues. (*Id.*)

In February 2022, claimant requested acceptance of left lumbar radiculopathy and left S1 radiculopathy. (Ex. 143).

In March 2022, Dr. Bell examined claimant at the employer’s request. (Ex. 145). Dr. Bell stated that claimant did not endorse an injury, but, instead, had a “gradual onset of low back pain over a short period of time.” (Ex. 145-2). Claimant then presented to his onsite health care provider after he woke up one morning with severe back pain. (*Id.*) Dr. Bell reviewed claimant’s prior imaging and opined that the imaging revealed preexisting multilevel degenerative disc disease. (Ex. 145-6). He opined that claimant had chronic lumbar radiculopathy, but that there was no evidence that it was caused or pathologically worsened by his work activities. (Ex. 145-7). He attributed claimant’s mild to moderate spinal stenosis to degenerative arthritis throughout his lumbar spine and opined that it was an age-related degenerative condition that was not caused or worsened by claimant’s work activities. (*Id.*) Dr. Bell noted a lack of evidence that claimant had an L5-S1 disc herniation and opined that claimant’s work injury was not a material contributing cause of his disability or need for treatment of the left lumbar radiculopathy or left S1 radiculopathy. (*Id.*) Assuming that claimant’s work injury was a material contributing cause of the disability or need for treatment of the left lumbar radiculopathy, left S1 radiculopathy, or the L5-S1 disc herniation, Dr. Bell opined that those conditions combined with claimant’s preexisting degenerative arthritis at the time of injury, to result in a combined condition. (Ex. 145-9). In addition, he noted that left lumbar radiculopathy, left S1 radiculopathy, and an L5-S1 disc herniation were never the major contributing cause of any disability or need for treatment of the combined condition. (*Id.*)

In March 2022, Dr. Singh indicated that claimant had a L5-S1 disc protrusion with left L5 nerve root impingement that correlated with his EMG/NCS, which he believed to be claimant's need for ongoing care. (Ex. 146-2). He concluded that the lumbar strain had resolved, but that claimant still needed ongoing care for his work-related condition. (*Id.*)

Also in March 2022, Dr. Rosenbaum no longer believed that claimant had lumbar radiculopathy or nerve root impingement. (Ex. 147-1). Rather, he opined that claimant's pain stemmed from a combined condition of the accepted lumbar strain and preexisting arthritis and that the preexisting lumbar spine arthritis was the underlying medical condition responsible for any clinically significant radiculopathy, to the extent it existed. (Ex. 147-1-2). He also stated that claimant's 2004 imaging demonstrated that there had been no pathological worsening of his degenerative disc disease or arthritis between that date and 2020. (*Id.*)

In April 2022, Dr. Kafrouni opined that a comparison of claimant's 2004 and 2020 MRI scans confirmed that there had been no pathological worsening of his degenerative arthritis and that claimant's arthritic pathology had produced the stenosis. (Ex. 149-1). He agreed that claimant's underlying disease process, which was responsible for his radicular symptoms, dated back to 2004 and was not pathologically worsened due to work exposure. (Ex. 149-2).

In May 2022, Dr. Modha stated that claimant most likely sustained a lumbar strain and lumbar disc herniation at L5-S1 in May 2020 that resulted in left lumbar radiculopathy. (Ex. 153). He agreed that the disc herniation "most likely dissolved and went away leaving [claimant] with S1 radiculopathy." (*Id.*) He opined that the work incident was both a material and the major contributing cause of those conditions. (*Id.*) Dr. Modha explained that claimant had no lumbar complaints or radiculopathy before May 2020 and that there was nothing in his medical history to suggest that he was experiencing symptoms before the work event. (*Id.*) Dr. Modha further stated that claimant's arthritis was not the cause of his condition because there were no bone spurs or osteophytes (arthritis) impinging or effacing the S1 nerve root. (*Id.*) He noted that the NCS provided objective evidence of an injury to the S1 nerve root and that the nerve root did not get injured without "something mechanically causing it," like an impingement or compression. (*Id.*) Dr. Modha concluded that claimant herniated his L5-S1 disc and that it "dissolved and went away leaving him with S1 radiculopathy." (*Id.*)

Drs. Kafrouni and Sales concurred with Dr. Modha's May 2022 opinion. (Exs. 154, 155).

Also in May 2022, Dr. Singh indicated that he disagreed with Dr. Bell's opinion and agreed with Dr. Rosenbaum's opinion that claimant's degenerative arthritis was nonoccupational and non-injurious. (Ex. 156). Dr. Singh also agreed with Dr. Rosenbaum's August 5, 2020, and September 7, 2021, diagnoses of probable left lumbar radiculopathy secondary to claimant's May 2020 work injury. (*Id.*)

In August 2022, Dr. Bell reviewed "various concurrence reports" and claimant's hearing testimony. (Ex. 159-1). He noted that claimant's 2004 MRI confirmed the existence of degenerative arthritis from L4 to S1, as well as a disc protrusion resulting in a moderate ventral defect displacing the left S1 nerve root posteriorly within its lateral recess. (*Id.*) Dr. Bell opined that the results of the 2004 MRI demonstrated "beyond any doubt" that the underlying pathology responsible for claimant's diagnosed radiculopathy were symptomatic, required medical attention, and were diagnosed "long before" the May 2020 work incident. (Ex. 159-1-2). Dr. Bell noted that, to the extent that the work incident contributed to claimant's disability or need for treatment, it would have combined with the preexisting arthritis and conditions that necessitated treatment in 2004. (Ex. 159-2). He also noted that claimant's lack of symptoms for several days after the work incident was a "hallmark for symptomatic manifestation of degenerative arthritis in the lumbar spine," which, he believed, was most likely caused by the underlying pathology that was present in 2004. (*Id.*) Assuming material causation, Dr. Bell concluded that any contribution from the May 2020 work event would be "extremely minor" when weighed against the contribution of the preexisting arthritic change and 2004 pathology. (Ex. 159-3).

Relying on Dr. Modha's opinion, the ALJ found that the May 2020 work event was at least a material contributing cause of the disability or need for treatment of his left lumbar/S1 radiculopathy condition. Moreover, the ALJ concluded that the employer did not meet its burden to prove that the otherwise compensable injury was not the major contributing cause of claimant's disability or need for treatment for a combined condition. Consequently, the ALJ set aside the employer's denial.

On review, the employer contends that claimant did not meet his burden to establish that the claimed left lumbar/S1 radiculopathy condition existed or that the work event was ever a material contributing cause of the disability or need for treatment for that condition. For the following reasons, we disagree.

To establish the compensability of the claimed left lumbar/S1 radiculopathy condition, claimant first must prove that the claimed condition exists and that the work incident was a material contributing cause of the disability or need for treatment of the condition. ORS 656.005(7)(a); ORS 656.266(1); *Francisco Ramirez*, 72 Van Natta 211, 212 (2020); *Maureen Y. Graves*, 57 Van Natta 2380, 2381 (2005) (persuasive proof of the existence of the condition is a fact necessary to establish the compensability of a new or omitted medical condition). If claimant makes such a showing, the employer must prove that the otherwise compensable injury combined with a statutory “preexisting condition” to cause or prolong his disability or need for treatment and that the otherwise compensable injury was not the major contributing cause of the disability or need for treatment of the combined condition. ORS 656.005(7)(a)(B); ORS 656.266(2)(a); *see SAIF v. Kollias*, 233 Or App 499, 505 (2010); *Guadalupe Arias-Santos*, 69 Van Natta 667, 669 (2017); *Jack G. Scoggins*, 56 Van Natta 2534, 2535 (2004).

The parties do not dispute that this claim presents a complex medical question that must be resolved by expert medical opinion. *See Uris v. Comp. Dep’t*, 247 Or 420, 424-26 (1967); *Barnett v. SAIF*, 122 Or App 279, 282 (1993); *Matthew C. Aufmuth*, 62 Van Natta 1823, 1825 (2010). More weight is given to those medical opinions that are well-reasoned and based on complete information. *See Somers v. SAIF*, 77 Or App 259, 263 (1986); *Linda E. Patton*, 60 Van Natta 579, 582 (2008).

Here, Drs. Rosenbaum, Bell, Modha, and Kafrouni opined that claimant’s lumbar/S1 radiculopathy condition exists.² (Exs. 47-6, 65-3-4, 126-1, 145-8). Dr. Bell diagnosed S1 radiculopathy and opined that the diagnosis encompassed the generic term “lumbar radiculopathy.” (Ex. 145-7). Dr. Kafrouni interpreted the NCV and EMG results to diagnose lumbar/S1 radiculopathy. (Ex. 119). Dr. Modha also diagnosed lumbar and S1 radiculopathy. (Ex. 153). Under such circumstances, we are persuaded by the opinions of Drs. Rosenbaum, Bell, Modha, and Kafrouni, which establish that claimant’s left lumbar/S1 radiculopathy

² Dr. Bell opined that the term “S1 radiculopathy” was encompassed by the generic term “lumbar radiculopathy.” (Ex. 145-7). Additionally, Drs. Kafrouni and Modha referred to claimant’s radiculopathy condition as both lumbar radiculopathy and S1 radiculopathy. (Exs. 119, 153). Therefore, the record supports a conclusion that the physicians used the terms “lumbar radiculopathy,” “left S1 radiculopathy,” and “L5-S1 radiculopathy” interchangeably to describe the same condition. *See Brian Medina*, 75 Van Natta 146, 147 n 3 (2023) (record established that terms were used interchangeably to describe the same condition.); *Lance E. Ford*, 63 Van Natta 1069, 1072 (2011) (physician’s opinion established that “tendonitis” and “tenosynovitis” were interchangeable terms).

condition exists.³ *See Somers*, 77 Or App at 263; *Theron L. Lewis*, 73 Van Natta 150, 154-55 (2021) (well-explained opinion that the claimed condition existed was persuasive).

Additionally, we are persuaded that the record establishes that the work incident was at least a material contributing cause of the disability or need for treatment of claimant's lumbar/S1 radiculopathy condition. Specifically, we find Dr. Modha's opinion in support of compensability to be more persuasive than the contrary opinion of Dr. Rosenbaum.

Dr. Modha opined that claimant's condition was caused in material and major part by the work event. (Ex. 153). He noted that claimant was not experiencing symptoms preceding the work event and that the mechanism of injury was consistent with claimant's injury. (*Id.*) Accordingly, because Dr. Modha addressed the temporal relationship between claimant's work injury and his symptoms, and his lack of symptoms in the preceding years, we find his opinion to be persuasive. *See Allied Waste Indus., Inc. v. Crawford*, 203 Or App 512, 518 (2005), *rev den*, 341 Or 80 (2006) (temporal relationship between a work injury and the onset of symptoms is one factor that should be considered, and may be the most important factor); *Damian Ruiz-Lopez*, 74 Van Natta 493, 496 (2022).

Furthermore, Dr. Sales concurred with Dr. Modha's opinion that the work incident was a material and the major contributing cause of claimant's radiculopathy conditions. (Ex. 155). Dr. Singh then agreed with the diagnosis of left lumbar radiculopathy secondary to the May 2020 work event. (Ex. 156). Importantly, although the 2004 lumbar spine MRI was for low back pain with leg paresthesia, no physician in the record equated claimant's 2004 leg and groin pain with radiculopathy. (Exs. 1, 140-5).

³ The employer contends that Dr. Rosenbaum's opinion does not support the existence of the lumbar/S1 radiculopathy condition. Yet, Dr. Rosenbaum diagnosed claimant with lumbar radiculopathy secondary to the work injury. (Ex. 47). He later concurred that it was "unlikely" that claimant had a lumbar radiculopathy condition and opined that claimant's pain was instead stemming from a combination of the accepted lumbar strain and preexisting arthritis. (Ex. 147-1). However, given that multiple physicians, who based their opinions on physical examinations and imaging, persuasively opined that claimant's left lumbar/S1 radiculopathy condition exists, we are unpersuaded by Dr. Rosenbaum's inconsistent opinion regarding the existence of the claimed condition. *See Nayef Salem*, 74 Van Natta 187, 191 (2022) (in the absence of persuasive opinion that the condition did not exist, physician's diagnosis of a condition after examining the claimant and reviewing imaging studies was persuasive); *Howard L. Allen*, 60 Van Natta 1423, 1424-25 (2008) (internally inconsistent opinion, without explanation for the inconsistencies, was unpersuasive).

Dr. Rosenbaum opined that claimant had preexisting arthritis that resulted in stenosis at the lumbar levels, including L5-S1. (Ex. 147-2). He concluded that the “more probable” explanation for claimant’s clinical presentation was referred pain stemming from a combination of claimant’s accepted lumbar strain and preexisting arthritis. (Ex. 147-1). To the extent that the stenosis existed, Dr. Rosenbaum opined that it was a byproduct of the degenerative arthritic process and was the underlying medical condition responsible for any clinically significant radiculopathy. (Ex. 147-2). He stated that a comparison of claimant’s 2004 and 2020 MRI scans of his lumbar spine confirmed that there was no pathological worsening of the lumbar stenosis in claimant’s case due to his work activities.⁴ (*Id.*) However, we are not persuaded by Dr. Rosenbaum’s opinion for the reasons stated in the ALJ’s order. *See Moe v. Ceiling Sys., Inc.*, 44 Or App 429, 433 (1980) (rejecting unexplained or conclusory opinion); *Shea Sitton*, 74 Van Natta 708, 710 (2022) (physician’s opinion that did not sufficiently address the temporal relationship between the onset of the claimant’s symptoms and the work event was unpersuasive).

Moreover, while Dr. Modha did not specifically address the 2004 MRI, he disagreed with the conclusion that a material or the major cause of claimant’s condition was preexisting arthritis. (Ex. 153). Furthermore, Dr. Modha explained that claimant’s July 2021 nerve conduction study provided objective evidence of an injury to the S1 nerve root that would not have occurred without “something mechanically causing it,” like impingement or compression. (Ex. 153). He opined that claimant herniated his L5-S1 disc, which dissolved and left him with S1 radiculopathy. (*Id.*) Thus, because Dr. Modha specifically addressed claimant’s preexisting arthritis and persuasively explained how claimant’s condition was caused by an acute event, we do not discount his opinion for not directly addressing the 2004 MRI. *See Braden Maher*, 71 Van Natta 49, 54 (2019) (physician’s opinion not discounted for not addressing specific imaging studies or findings when the physician adequately responded to the central issue of the contrary opinion); *Alonzo Perez*, 61 Van Natta 544, 546 (2009) (physician’s opinion need not specifically rebut every other theory to be more persuasive if it is better reasoned than the contrary opinion).

Accordingly, we find that Dr. Modha’s opinion persuasively establishes that the work event was at least a material contributing cause of the disability or need

⁴ The compensability of claimant’s lumbar stenosis is not before us on review.

for treatment of claimant's lumbar/S1 radiculopathy condition.⁵ *See Somers*, 77 Or App at 263; *Lisa M. Howe*, 70 Van Natta 288, 296 (2018) (medical opinion that adequately addressed contrary medical opinions was persuasive).

We turn to the employer's burden to prove that the "otherwise compensable injury" combined with a statutory "preexisting condition" and that the "otherwise compensable injury" was not the major contributing cause of claimant's disability or need for treatment of the combined condition. *See* ORS 656.005(7)(a)(B); ORS 656.266(2)(a); *Pedro v. Torres*, 75 Van Natta 353, 356 (2023).

On this record, Dr. Bell is the only physician to opine that claimant had a combined condition and that the "otherwise compensable injury" was not the major contributing cause of claimant's disability or need for treatment for the combined condition. *See* ORS 656.005(7)(a)(B); ORS 656.266(2)(a). However, we do not find Dr. Bell's opinion persuasive for the following reasons.

Dr. Bell initially concluded that the work event was not a material contributing cause of claimant's left lumbar/S1 radiculopathy. (Ex. 145-8). He then stated that assuming that the work event was a material contributing cause of any disability or need for treatment of the left lumbar/S1 radiculopathy condition, claimant had a combined condition. (Ex. 145-9). Dr. Bell concluded that if claimant had a combined condition, his preexisting arthritis "immediately combined" with his left lumbar/S1 radiculopathy, and his work injury was never the major contributing cause of any disability or need for treatment of the combined condition. (*Id.*)

We are not persuaded by Dr. Bell's hypothetical opinion because he did not sufficiently evaluate the otherwise compensable injury's relative contribution to claimant's disability or need for treatment of a combined condition. *See Cummings v. SAIF*, 197 Or App 312, 318 (2005) (quoting *Dietz v. Ramuda*, 130 Or App 397, 401 (1994), *rev dismissed*, 321 Or 416 (1995) (the assessment of the

⁵ The employer argues that ORS 656.225 applies and that claimant did not establish that there was a pathological worsening of his preexisting condition. We disagree.

ORS 656.225 states, in part that, "In accepted injury or occupational disease claims, disability solely caused by or medical services solely directed to a worker's preexisting condition are not compensable unless * * *." In the present case, the record establishes that the work event was a material contributing cause of the disability or need for treatment of claimant's lumbar/S1 radiculopathy condition. Accordingly, ORS 656.225, which requires disability to be solely caused by a preexisting condition, is not applicable. *See, e.g., Charles I. Sullenger*, 59 Van Natta 1146, 1147 (2007) (when a claimant's disability or need for treatment is not attributed solely to a preexisting condition, ORS 656.225(1) does not apply).

major contributing cause of the disability or need for treatment of a combined condition requires a comparison of the relative contribution of the preexisting condition and the work-related condition)); *Theron L. Lewis*, 73 Van Natta 150, 157 (2021) (physician's hypothetical opinion was unpersuasive when it did not adequately weigh the relative contribution of the “otherwise compensable injury”).

Moreover, although Dr. Bell opined that claimant’s preexisting arthritis combined with the lumbar/S1 radiculopathy condition and was the major contributing cause of his disability or need for treatment for the combined condition, he did not describe how the condition combined or sufficiently address why claimant was not symptomatic until he was injured at work. (Ex. 145). Therefore, we find his opinion regarding the existence of a combined condition, the mechanism of combining, and the contribution of a preexisting condition to a combined condition, to be conclusory and not well explained. *Kollias*, 233 Or App at 505; *William C. Pomee*, 72 Van Natta 1130, 1134 (2020) (physician’s opinion that did not sufficiently explain how the claimant’s “otherwise compensable injury” combined with a “preexisting condition” was unpersuasive).

Consequently, the employer has not met its burden to prove that a combined condition exists or that the “otherwise compensable injury” was not the major contributing cause of his disability or need for treatment of a combined condition. ORS 656.005(7)(a)(B); ORS 656.266(2)(a); *Kollias*, 233 Or App 499 at 505; *Pomee*, 72 Van Natta 1130 at 1134. Therefore, we find claimant’s new or omitted medical condition claim for left lumbar radiculopathy and left S1 radiculopathy to be compensable.

Claimant’s counsel is entitled to an assessed fee for services on review. ORS 656.382(2). After considering the factors set forth in OAR 438-015-0010(4) and applying them to this case, we find that a reasonable fee for claimant’s attorney’s services on review is \$7,500, payable by the employer. In reaching this conclusion, we have particularly considered the time devoted to the case (as represented by claimant’s respondent’s brief), the complexity of the issue, the value of the interest involved, the risk that claimant’s counsel might go uncompensated, and the contingent nature of the practice of workers’ compensation law.

Finally, claimant is awarded reasonable expenses and costs for records, expert opinions, and witness fees, if any, incurred in finally prevailing over the denial, to be paid by the employer. *See* ORS 656.386(2); OAR 438-015-0019; *Gary E. Gettman*, 60 Van Natta 2862 (2008). The procedure for recovering this award, if any, is prescribed in OAR 438-015-0019(3).

ORDER

The ALJ's order dated December 8, 2022, is affirmed. For claimant's counsel's services on review, claimant's counsel is awarded an assessed fee of \$7,500, to be paid by the employer. Claimant is awarded reasonable expenses and costs for records, expert opinions, and witness fees, if any, incurred in prevailing over the denial, to be paid by the employer.

Entered at Salem, Oregon on November 1, 2023